

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

HCA INC. GOOD GOVERNMENT FUND

ADDRESS (number and street)

PO BOX 550

ONE PARK PLAZA

NASHVILLE

TN

37203

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00067231

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
09 01 2016

through

M M M / D D D / Y Y Y Y Y Y
09 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Anderson, David, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Anderson, David, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 18 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
09 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016 | | 569697.97 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 591790.27 | |
| (c) Total Receipts (from Line 19) | 53035.97 | 248294.79 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 644826.24 | 817992.76 |
| 7. Total Disbursements (from Line 31)..... | 23250.00 | 196416.52 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 621576.24 | 621576.24 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 1 | | 2 | 0 | 1 | 6 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 3 | 0 | | 2 | 0 | 1 | 6 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|--------------------------------------|--|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 35171.70 | 177584.08 |
| (ii) Unitemized | 17864.27 | 70710.49 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 53035.97 | 248294.57 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 53035.97 | 248294.57 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.22 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 53035.97 | 248294.79 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 53035.97 | 248294.79 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.52 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.52 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 22500.00 | 193666.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 750.00 | 750.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 750.00 | 750.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 2000.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 23250.00 | 196416.52 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 23250.00 | 196416.52 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 53035.97 | 248294.57 |
| 34. Total Contribution Refunds (from Line 28(d)) | 750.00 | 750.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 52285.97 | 247544.57 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 0.00 | 0.52 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)▶ | 0.00 | 0.52 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Adams, Mark, , ,

Mailing Address 381 W 3950 N

City

Pleasant View

State

UT

Zip Code

84414

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ogden Regional Med Ctr

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2016

Transaction ID : SA11AI.35247

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Alward, Dale, , ,

Mailing Address 13832 Long Lake Ln

City

Pt. Charlotte

State

FL

Zip Code

33953

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Englewood Community Hosp

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : SA11AI.35012

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Barnes, Julie, , ,

Mailing Address 501 Redmond Road

City

Rome

State

GA

Zip Code

30165

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Redmond Regional

Occupation (for Individual)

CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2016

Transaction ID : SA11AI.35258

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bartels, Allen, , ,

Mailing Address 2015 Breckendridge Drive

City

Mt. Juliet

State

TN

Zip Code

37122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Centennial Medical Ctr

Occupation (for Individual)

COO Parthenon Pavilion

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : SA11AI.35182

Amount of Each Receipt this Period

500.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bartlett, Regina, , ,

Mailing Address 164 Ashland Pt

City

Hendersonville

State

TN

Zip Code

37075

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hendersonville Med Ctr

Occupation (for Individual)

CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

727.95

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2016

Transaction ID : SA11AI.35120

Amount of Each Receipt this Period

727.95

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bateman, Steven, , ,

Mailing Address 1767 N 300 W

City

Centerville

State

UT

Zip Code

84014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St. Mark's Hospital

Occupation (for Individual)

CEO

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : SA11AI.35200

Amount of Each Receipt this Period

500.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1727.95

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Baumgardner, Brian, , ,

Mailing Address 2202 Coral Dr

City
Lynn Haven

State
FL

Zip Code
32444

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Gulf Coast Med Ctr

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
09 / 08 / 2016

Transaction ID : SA11AI.34985

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bowen, Susan, , ,

Mailing Address 2429 Provost Rd. E.

City
Jacksonville

State
FL

Zip Code
32216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Memorial Hospital

Occupation (for Individual)
Director Auxiliary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
09 / 08 / 2016

Transaction ID : SA11AI.34968

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bowman, Joe (Centennial), , ,

Mailing Address 4400 Ridgfield Way

City
Nashville

State
TN

Zip Code
37205

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TriStar Centennial Med Ctr

Occupation (for Individual)
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 23 / 2016

Transaction ID : SA11AI.35183

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brown, James, , ,

Mailing Address 5200 Mansfield Ln

City
ShawneeState
KSZip Code
66203FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Centerpoint Med CtrOccupation (for Individual)
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : SA11AI.35170

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brown, Terry, , ,

Mailing Address 1796 Hwy 441 N

City
OkeechobeeState
FLZip Code
34972FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Raulerson HospitalOccupation (for Individual)
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : SA11AI.34974

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Buttell, Phillip, , ,

Mailing Address 3204 W 81 Terr

City
LeawoodState
KSZip Code
66206FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Centerpoint Med CtrOccupation (for Individual)
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : SA11AI.35166

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

850.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bynum, William S., , ,

Mailing Address 501 Robertson Blvd

City

Walterboro

State

SC

Zip Code

29488

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Colleton Medical Center

Occupation (for Individual)

VP Bus. Development

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 08 / 2016

Transaction ID : SA11AI.34995

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Chugtai, Omar, , ,

Mailing Address 7300 Medical Center Drive

City

West Hills

State

CA

Zip Code

91307

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

West Hills Hospital

Occupation (for Individual)

COO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

09 / 08 / 2016

Transaction ID : SA11AI.34959

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Connelly, Jac, , ,

Mailing Address 20 S Ash St

City

Denver

State

CO

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Rose Medical Center

Occupation (for Individual)

CFO

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

242.45

Date of Receipt

09 / 08 / 2016

Transaction ID : SA11AI.35229

Amount of Each Receipt this Period

242.45

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

992.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Darling, Cory, , ,

Mailing Address 104 Choctaw Ct

City
Hendersonville

State
TN

Zip Code
37075

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TriStar Hendersonville Med Ctr

Occupation (for Individual)
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : SA11AI.35240

Amount of Each Receipt this Period

339.55

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Downs, Steven, , ,

Mailing Address 1 ARH Lane

City
Low Moor

State
VA

Zip Code
24457

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LewisGale Hospital

Occupation (for Individual)
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : SA11AI.35149

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Eisel, Thomas, , ,

Mailing Address 502 S Fremont Ave
Apt 531

City
Tampa

State
FL

Zip Code
33606

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Edward White Hospital

Occupation (for Individual)
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

339.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2016

Transaction ID : SA11AI.35109

Amount of Each Receipt this Period

339.55

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1029.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Griffin, Bradley, , ,

Mailing Address 501 Robertson Blvd

City
Waltersboro

State
SC

Zip Code
29488

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Colleton Med Ctr

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 08 / 2016

Transaction ID : SA11AI.34994

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Grondin, Thomas, , ,

Mailing Address 2211 Riverside Dr

City
Clearwater

State
FL

Zip Code
33764

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Memorial Hospital Tampa

Occupation (for Individual)
VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 08 / 2016

Transaction ID : SA11AI.34982

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hatchel, Kimberly, , ,

Mailing Address 2600 Westpoint Drive

City
Melissa

State
TX

Zip Code
75454

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Center McKinney

Occupation (for Individual)
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 23 / 2016

Transaction ID : SA11AI.35130

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hawthorn, Connie, , ,

Mailing Address 9323 Jaybird Circle East

City
Jacksonville

State
FL

Zip Code
32257

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Memorial Hospital

Occupation (for Individual)
Dir. Outpatient Svcs.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
09 / 08 / 2016

Transaction ID : SA11AI.34970

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Herron, Michael, , ,

Mailing Address 9716 Crestline Heights Ct.

City
Las Vegas

State
NV

Zip Code
89178

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mountainview Hospital

Occupation (for Individual)
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 23 / 2016

Transaction ID : SA11AI.35202

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hiott, James III, , ,

Mailing Address 310 Silverhill Rd

City
Walterboro

State
SC

Zip Code
29488

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Colleton Medical Center

Occupation (for Individual)
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
09 / 08 / 2016

Transaction ID : SA11AI.34997

Amount of Each Receipt this Period

350.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jemjemian, Norair, , ,

Mailing Address 11754 Monte Leon Way

City

Porter Ranch

State

CA

Zip Code

91326

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Los Robles Hosp & Med Ctr

Occupation (for Individual)

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2016

Transaction ID : SA11AI.35096

Amount of Each Receipt this Period

485.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jones, Kimberly, , ,

Mailing Address 2380 N 400 E

City

Logan

State

UT

Zip Code

84341

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cache Valley Hospital

Occupation (for Individual)

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : SA11AI.35220

Amount of Each Receipt this Period

339.55

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Keeling, Kevin, , ,

Mailing Address 3714 NE Indian River
A-203

City

Jensen Beach

State

FL

Zip Code

34957

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lawnwood Regional

Occupation (for Individual)

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2016

Transaction ID : SA11AI.35245

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1324.75

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Keys, Tiffany, , ,

Mailing Address 809 82nd Pkwy

City
Myrtle Beach

State
SC

Zip Code
29572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Grand Strand Medical Center

Occupation (for Individual)
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : SA11AI.35069

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Killian, Steve, , ,

Mailing Address 992 Mackenzie Creek Ave

City
Henderson

State
NV

Zip Code
89002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sunrise Hospital

Occupation (for Individual)
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : SA11AI.34988

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lee, Robbin, , ,

Mailing Address 4330 N Hwy A1A #701

City
Ft. Pierce

State
FL

Zip Code
34949

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lawnwood Regional

Occupation (for Individual)
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : SA11AI.34964

Amount of Each Receipt this Period

750.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Likes, Randle, , ,

Mailing Address 1882 E 12200 S

City
Draper

State
UT

Zip Code
84020

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Timpanogos Regional

Occupation (for Individual)
CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2016

Transaction ID : SA11AI.35118

Amount of Each Receipt this Period

485.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lowe, Gregory, , ,

Mailing Address 1800 SW Crane Creek Ave

City
Palm City

State
FL

Zip Code
34990

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lawnwood

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2016

Transaction ID : SA11AI.35244

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lynch, Eleanor, , ,

Mailing Address 3625 University Blvd S

City
Jacksonville

State
FL

Zip Code
32216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Memorial Hospital

Occupation (for Individual)
Sr VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : SA11AI.34967

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1685.20

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Marger, Brian, , ,

Mailing Address 1811 Legacy Cove Ln

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

TriStar Centennial Med Ctr

Occupation (for Individual)

COO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : SA11AI.35177

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McKinley, Bryan, , ,

Mailing Address 1200 E 3900 S

City

SLC

State

UT

Zip Code

84124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St. Mark's Hospital

Occupation (for Individual)

COO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : SA11AI.35201

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Meade, Bob, , ,

Mailing Address 1355 Bayshore Drive

City

Englewood

State

FL

Zip Code

34223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Doctors Hospital

Occupation (for Individual)

CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : SA11AI.35060

Amount of Each Receipt this Period

750.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Meadows, Mark, , ,

Mailing Address 9171 S Peruvian Circle

City
Sandy

State
UT

Zip Code
84093

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Mark's Hospital

Occupation (for Individual)
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2016

Transaction ID : SA11AI.35095

Amount of Each Receipt this Period

242.45

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Melchiode, Joseph, , ,

Mailing Address 7201 N University Drive

City
Tamarac

State
FL

Zip Code
33321

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Hospital

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.95

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : SA11AI.35236

Amount of Each Receipt this Period

727.95

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Melear, Patrick, , ,

Mailing Address 1796 Hwy 441 N

City
Okeechobee

State
FL

Zip Code
34972

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Raulerson Hospital

Occupation (for Individual)
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

727.95

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2016

Transaction ID : SA11AI.35113

Amount of Each Receipt this Period

727.95

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1698.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mervak, Gary, , ,

Mailing Address 1106 NE 4 Street

City

Ft. Lauderdale

State

FL

Zip Code

33301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mercy Hospital

Occupation (for Individual)

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 08 / 2016

Transaction ID : SA11AI.35013

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Miller, Andrew, , ,

Mailing Address 232 Pelican Pointe

City

Ponte Vedra

State

FL

Zip Code

32081

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Memorial Hosp Jacksonville

Occupation (for Individual)

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 08 / 2016

Transaction ID : SA11AI.34965

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mirza, Irfan, , ,

Mailing Address 661 Ridgewood Lane

City

Plantation

State

FL

Zip Code

33317

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Plantation General Hospital

Occupation (for Individual)

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

835.20

Date of Receipt

09 / 20 / 2016

Transaction ID : SA11AI.35209

Amount of Each Receipt this Period

485.20

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1485.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mitchell, Kathy, , ,

Mailing Address 4469 Caicos Court

City
Sarasota

State
FL

Zip Code
34233

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Doctors

Occupation (for Individual)
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : SA11AI.35061

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mondadori, Jane, , ,

Mailing Address 2757 Pebbleridge Ct

City
Orange Park

State
FL

Zip Code
32065

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Memorial Hospital

Occupation (for Individual)
Director Medical Staff Office

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : SA11AI.34971

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mongell, Mitchell, , ,

Mailing Address 1000 Mar Walt Dr

City
FWB

State
FL

Zip Code
32547

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FWB Med Ctr

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : SA11AI.35028

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Moore, Jeffrey, , ,

Mailing Address 1000 Mar Walt Dr

City
FWB

State
FL

Zip Code
32547

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FWB Med Ctr

Occupation (for Individual)
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 08 / 2016

Transaction ID : SA11AI.35029

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Morrison, Michael, , ,

Mailing Address 1026 Wyndham Dr

City
Gallatin

State
TN

Zip Code
37066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hendersonville Medical Center

Occupation (for Individual)
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 08 / 2016

Transaction ID : SA11AI.34962

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Murawsky, Jeff, , ,

Mailing Address 3186 S Maryland Pkwy

City
Las Vegas

State
NV

Zip Code
89109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sunrise Hospital

Occupation (for Individual)
CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2016

Transaction ID : SA11AI.35133

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Murphy, Donald, , ,

Mailing Address 3756 Bay Tree Rd

City
Lynn Haven

State
FL

Zip Code
32444

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Gulf Coast Med Ctr

Occupation (for Individual)
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2016

Transaction ID : SA11AI.35100

Amount of Each Receipt this Period

485.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nelson, Steven, , ,

Mailing Address 246 NW Secluded Glen

City
Lake City

State
FL

Zip Code
32055

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lake City Medical Center

Occupation (for Individual)
Director Rehab Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2016

Transaction ID : SA11AI.35084

Amount of Each Receipt this Period

242.45

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Osberg, Art, , ,

Mailing Address 1431 SW 1st Ave

City
Ocala

State
FL

Zip Code
34471

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ocala Reg Med Ctr

Occupation (for Individual)
CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : SA11AI.35042

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1227.65

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Osmond, Sandra, , ,

Mailing Address 8913 S Altair Dr

City
Sandy

State
UT

Zip Code
84093

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St. Mark's Hospital

Occupation (for Individual)
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2016

Transaction ID : SA11AI.35203

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Otto, Steve, , ,

Mailing Address 3441 Dickerson Pike

City
Nashville

State
TN

Zip Code
37207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Skyline Medical Center

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 08 / 2016

Transaction ID : SA11AI.34963

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Robinson, Mark, , ,

Mailing Address 706 N Forest Dr

City
Tallahassee

State
FL

Zip Code
32303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Capital Reg Med Ctr

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

970.70

Date of Receipt

09 / 01 / 2016

Transaction ID : SA11AI.35076

Amount of Each Receipt this Period

970.70

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2470.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 34

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rogers, Bryan, , ,

Mailing Address 222 Karen Ave #3707

City
Las Vegas

State
NV

Zip Code
89109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Far West Division

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : SA11AI.34972

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rohan, Heather, , ,

Mailing Address 2300 Patterson Street

City
Nashville

State
TN

Zip Code
37203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TriStar Centennial Med Ctr

Occupation (for Individual)
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : SA11AI.35178

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Simmons, Barbara, , ,

Mailing Address 1961 SW 52nd Ave

City
Plantation

State
FL

Zip Code
33317

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Plantation General Hospital

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : SA11AI.35194

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Singleton, Lynn, , ,

Mailing Address 9330 Medical Plaza Drive

City
Charleston

State
SC

Zip Code
29406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : SA11AI.35050

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sklamborg, Todd, , ,

Mailing Address 11327 Winter Cottage Place

City
Las Vegas

State
NV

Zip Code
89135

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sunrise

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2016

Transaction ID : SA11AI.35116

Amount of Each Receipt this Period

970.70

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Squires, Steve, , ,

Mailing Address 4971 W Old Oak Ln

City
Highland

State
UT

Zip Code
84003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Timpanogos Regional Hospital

Occupation (for Individual)
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

339.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2016

Transaction ID : SA11AI.35210

Amount of Each Receipt this Period

339.55

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1610.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Valentine, Lisa, , ,

Mailing Address 295 O'Sullivan Lane

City
Summerville

State
SC

Zip Code
29485

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Summerville Med Ctr

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : SA11AI.35051

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Van Decar, Tama, , ,

Mailing Address 1000 Mar Walt Dr

City
FWB

State
FL

Zip Code
32547

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FWB Medical Center

Occupation (for Individual)
CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : SA11AI.35036

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Vasquez, Sam, , ,

Mailing Address 3186 S Maryland Pkwy

City
Las Vegas

State
NV

Zip Code
89109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sunrise Hospital

Occupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : SA11AI.35143

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Watabe, Kristen, , ,

Mailing Address 2609 NE 26th Ave

City

Ft. Lauderdale

State

FL

Zip Code

33306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Northwest Medical Center

Occupation (for Individual)

COO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.20

Date of Receipt

09 / 01 / 2016

Transaction ID : SA11AI.35101

Amount of Each Receipt this Period

485.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Williams, David, , ,

Mailing Address 121 NW Nutall Dr

City

Lees Summit

State

MO

Zip Code

64081

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Centerpoint Medical Center

Occupation (for Individual)

CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2016

Transaction ID : SA11AI.35164

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Woods, Suzanne, , ,

Mailing Address 917 Mirror Lake Drive S

City

St. Augustine

State

FL

Zip Code

32086

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Memorial Hospital

Occupation (for Individual)

CNO

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 08 / 2016

Transaction ID : SA11AI.34966

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1485.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Worley, John, , ,

Mailing Address 2380 N 400 E

City

North Logan

State

UT

Zip Code

84341

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cache Valley

Occupation (for Individual)

CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.45

Date of Receipt

09 / 08 / 2016

Transaction ID : SA11AI.35219

Amount of Each Receipt this Period

242.45

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Young, Steve, , ,

Mailing Address 11375 Cortez Blvd

City

Brooksville

State

FL

Zip Code

34613

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Oak Hill Hospital

Occupation (for Individual)

VP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.45

Date of Receipt

09 / 01 / 2016

Transaction ID : SA11AI.35078

Amount of Each Receipt this Period

242.45

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Zeis, Monica, , ,

Mailing Address 4600 SW 46th Ct

City

Ocala

State

FL

Zip Code

34474

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ocala Health

Occupation (for Individual)

CNO - West Marion

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 08 / 2016

Transaction ID : SA11AI.35037

Amount of Each Receipt this Period

350.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

834.90

35171.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. ANNA ESHOO FOR CONGRESS

Mailing Address 555 CAPITOL MALL, SUITE 1425

City
SACRAMENTOState
CAZip Code
95814Purpose of Disbursement
fund raiser

Candidate Name

ESHOO, ANNA, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 18

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 1 | 3 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C C00258475**Transaction ID : SB23.35269**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BECERRA FOR CONGRESS

Mailing Address P.O. Box 261060

City
Los AngelesState
CAZip Code
90026Purpose of Disbursement
fund raiser

Candidate Name

BECERRA, XAVIER, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 31

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 1 | 3 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C C00264101**Transaction ID : SB23.35270**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF KELLY AYOTTE

Mailing Address PO BOX 233

City
NASHUAState
NHZip Code
03061Purpose of Disbursement
campaign contribution

Candidate Name

AYOTTE, KELLY A, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District: 00

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 2 | 6 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C C00464297**Transaction ID : SB23.35276**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. GRASSLEY COMMITTEE INC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 08 | | 2016 |

Mailing Address PO BOX 1000

City
DES MOINESState
IAZip Code
50304Purpose of Disbursement
fund raiser

Candidate Name

GRASSLEY, CHARLES E SENATOR, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: IA

District: 00

Category/
Type

FEC Identification Number

C C00230482**Transaction ID : SB23.35268**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOLDING ONTO OREGON'S PRIORITIES

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 08 | | 2016 |

Mailing Address PO BOX 3314

City
PORTLANDState
ORZip Code
97208Purpose of Disbursement
fund raiser

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify)

State:

District:

Category/
Type

FEC Identification Number

C C00392738**Transaction ID : SB23.35267**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LEVIN FOR CONGRESS

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 15 | | 2016 |

Mailing Address PO Box 37

City
RosevilleState
MIZip Code
48066Purpose of Disbursement
fund raiser

Candidate Name

LEVIN, SANDER M MR, , ,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: MI

District: 12

Category/
Type

FEC Identification Number

C C00156612**Transaction ID : SB23.35271**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. MARCO RUBIO FOR SENATE 2016

Mailing Address PO BOX 661537

City
MIAMIState
FLZip Code
33266Purpose of Disbursement
fund raiser

Candidate Name

RUBIO, MARCO, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: FL

District: 00

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 2 | 0 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C C00620518**Transaction ID : SB23.35275**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MCCARTHY VICTORY FUND

Mailing Address PO BOX 30844

City
BETHESDAState
MDZip Code
20824Purpose of Disbursement
fund raiser

Candidate Name

MCCARTHY, KEVIN, , ,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify)

State: CA

District: 23

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 7 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C C00541011**Transaction ID : SB23.35263**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MIKE CRAPO FOR US SENATE

Mailing Address P.O. BOX 1948

City
BOISEState
IDZip Code
83701Purpose of Disbursement
fund raiser

Candidate Name

CRAPO, MICHAEL, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: ID

District: 00

Date of Disbursement

| | | | | | | | | | | | | | |
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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 2 | 6 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C C00330886**Transaction ID : SB23.35277**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 34

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. VAN HOLLEN FOR SENATE

Mailing Address 10605 CONCORD ST SUITE 202

City
KENSINGTONState
MDZip Code
20895Purpose of Disbursement
fund raiser

Candidate Name

VAN HOLLEN, CHRIS, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: MD

District: 03

Date of Disbursement

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| 0 | 9 | | | 2 | 6 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C C00573758**Transaction ID : SB23.35279**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VERN BUCHANAN FOR CONGRESS

Mailing Address P. O. Box 48928

City
SarasotaState
FLZip Code
34230Purpose of Disbursement
fund raiser

Candidate Name

BUCHANAN, VERNON, , ,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify)

State: FL

District: 13

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 2 | 0 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C C00412759**Transaction ID : SB23.35274**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VOTE TO ELECT REPUBLICANS NOW PAC (VERN PAC)

Mailing Address 22780 INDIAN CREEK DRIVE, STE 100

City
DULLESState
VAZip Code
20166Purpose of Disbursement
fund raiser

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 2 | 0 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C C00431403**Transaction ID : SB23.35272**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 34

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. WYDEN FOR SENATE

Mailing Address 123 NE 3RD SUITE 321

City
PORTLANDState
ORZip Code
97232Purpose of Disbursement
fund raiser

Candidate Name

WYDEN, RONALD LEE, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: OR

District: 00

Category/
Type

Date of Disbursement

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| 09 | / | 08 | / | 2016 |

FEC Identification Number

C C00308676**Transaction ID : SB23.35266**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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| M M M | / | D D D | / | Y Y Y Y Y Y |
| | / | | / | |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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| | / | | / | |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00

22500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 34

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Lee, Robbin, , ,

Mailing Address 4330 N Hwy A1A #701

City
Ft. PierceState
FLZip Code
34949Purpose of Disbursement
Stop Payment on Check #1084 deposited previously

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

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|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 13 | | 2016 |

FEC Identification Number

C**Transaction ID : SB28A.35262**

Amount of Each Disbursement this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify)Category/
Type

Date of Disbursement

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| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

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FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

750.00

750.00